GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1044
ANSWERED ON:21.07.2017
IMR and MMR
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present status of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in the country including Delhi;

(b) whether there is any policy or action plan to tackle the high IMR and MMR in the country including Delhi and if so, the details thereof, if not, the reasons therefor;

(c) whether the Government intends to start awareness campaign about maternal health programmes especially for below poverty line sections, if so, the details thereof, if not, the reasons therefor;

(d) whether the Government intends to provide health packages for the pregnant women and newborn children relating to the vulnerable population, if so, the details thereof, if not, the reasons therefor;

(e) whether the Government has made any significant achievement in this regard during the last three years and the current year, if so the details thereof; and

(f) whether the Government has set any timeline to achieve its target for reduction in IMR and MMR and, if so the details thereof?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per the latest report of the Registrar General of India- Sample Registration System (RGI-SRS), Infant Mortality Rate (IMR) at national level is 37 per 1000 live births in 2015 and Maternal Mortality Ratio (MMR) at national level is 167 per 100,000 live births for the period of 2011-13.

The IMR of Delhi is 18 per 1000 live births (SRS, 2015) whereas SRS 2011-13 does not provide the MMR of NCT of Delhi.

(b): Government of India has adopted the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) to improve maternal and child health outcomes. The RMNCH+A strategy recognize that child health and survival is inextricably linked to women's health across all life stages.

Under National Health Mission, the following interventions are being implemented to reduce infant and maternal mortality all across the country including NCT of Delhi:

(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

(2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.

(3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.

(4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.

(5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.

(6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.

(7) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.

(8) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been implemented to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.

(9) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.

(10) Capacity building of Graduate doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.

(11) Establishing Maternal and Child Health (MCH) Wings in high caseload facilities to improve the quality of care provided to mothers and children.

(12) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.

(13) To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

(14) Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.

(15) Low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt innovative approaches to address their peculiar health challenges.

(c): Regular Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) for all pregnant women including vulnerable population is done including messages on early registration for ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy are provided. Funds are being provided to the States through Programme Implementation Plan (PIPs) for comprehensive IEC/ BCC on Maternal and Newborn health. Standardised IEC/BCC packages have been prepared at National level and have been disseminated for adaptation by the States.

(d): Under National Health Mission, Government of India is providing various services for pregnant women and newborn children including the vulnerable population. Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

(e): The Infant Mortality Rate has shown decline from 42/1000 live births in 2012 to 37/ 1000 live births in 2015.

The Maternal Mortality Ratio for the period 2011-13 is 167 per 100,000 live births.

(f): Under National Health Policy, 2017; Government of India has set targets for reduction of IMR to 28 by 2019 and MMR to 100 by 2020.